

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS</b></p> <p style="text-align: center;"><b><i>Patent</i></b></p> <p>Address to: Mail Stop Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Patent Number	5,843,073
	Issue Date	December 1, 1998
	Application Number	411,581
	Filing Date	March 29, 1995
	First Named Inventor	Edward I. Sinofsky
	Attorney Docket Number	101327-0080

Please change the Correspondence Address for the above-identified patent to:											
<input checked="" type="checkbox"/>	The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">21125</span>										
<b>OR</b>											
<input type="checkbox"/>	Firm or Individual Name										
<p><b>Address</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"><b>City</b></td> <td style="border-bottom: 1px solid black; width: 20%;"><b>State</b></td> <td style="border-bottom: 1px solid black; width: 30%;"><b>ZIP</b></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;"><b>Country</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><b>Telephone</b></td> <td colspan="2" style="border-bottom: 1px solid black;"><b>Email</b></td> </tr> </table>			<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>			<b>Telephone</b>	<b>Email</b>	
<b>City</b>	<b>State</b>	<b>ZIP</b>									
<b>Country</b>											
<b>Telephone</b>	<b>Email</b>										
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).</p> <p>I am the:</p> <p><input type="checkbox"/> Patentee.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <span style="border-bottom: 1px solid black; padding: 0 20px;">28,711</span></p>											
<p>Signature <span style="float: right;">/Thomas J. Engellenner/</span></p> <p>Typed or Printed Name <span style="float: right;">Thomas J. Engellenner</span></p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Date <span style="float: right;">August 1, 2008</span></td> <td style="border-bottom: 1px solid black; width: 50%;">Telephone <span style="float: right;">(617) 439-2000</span></td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			Date <span style="float: right;">August 1, 2008</span>	Telephone <span style="float: right;">(617) 439-2000</span>							
Date <span style="float: right;">August 1, 2008</span>	Telephone <span style="float: right;">(617) 439-2000</span>										
<input type="checkbox"/>	*Total of <span style="border-bottom: 1px solid black; padding: 0 10px;">1</span> forms are submitted.										

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on August 1, 2008  
Date

/Thomas J. Engellenner/  
Signature

Thomas J. Engellenner  
Typed or printed name of person signing Certificate

28,711  
Registration Number, if applicable

(617) 439-2000  
Telephone Number

Note: Each paper must have its own certificate of mailing.

Certificate of Electronic Filing (1 page)  
Change of Correspondence Address (1 page)